

of the Committee on Legislation of the Board of Medical Examiners; Hartley Peart, Attorney-at-Law, and Counsel for the California Medical Association; Fred C. Warnshuis, M. D., Secretary of the California Medical Association; the deans of the Medical Schools of California, etc.

My reading of the mimeographed revision of the Medical Practice Act, recently received from the California Code Commission, impresses me with the idea that the existing Act has been thoroughly riddled. In my opinion the revision of said Act so confuses the present Act that it gives promise to open the gates for a lowered standard of education and licensure, as well as to embarrass the enforcement of the law.

The present Medical Practice Act is the result of careful study by some of the best legal minds, both in the Legislature and outside. Many sections have been written by men who are now Superior Judges. Amendments have been numerous, that defects discovered through experience with its workings might be remedied. The Act in its many provisions has been thoroughly threshed out in the various courts. Its constitutionality has been determined by the United States Supreme Court. To throw aside all the years of strenuous endeavor and start with a new-born infant seems futile.

Such an important law as the present Medical Practice Act should not be dissected and rearranged into the confusing form recently sent out by the Code Commission. The revision proposed by the Code Commission will necessitate a readjudication of many of the salient features of the Medical Act.

I am sending a copy of this communication to the Secretary of the California Medical Association and its Chairman on Legislation, as well as to the deans of the various medical schools in this State, all vitally interested in maintaining the standards of the California Medical Practice Act.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

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The Redraft of the Present Medical Practice Act Is the Profession's Major Problem No. 1 in the 1937 Legislature.—It may be stated that, in the above recodification, we have Major Proposition No. 1 needing very prompt and explicit attention, not only by the Board of Medical Examiners, but by every officer and member of the California Medical Association and its component county societies.

The Council of the Association, which meets in Los Angeles on September 26, will no doubt give the matter its most careful consideration and take all necessary action to keep component county societies and members informed concerning this new issue.* The subject, it need hardly be said, is of tremendous importance; because, if the codification of the Commission shall be found to be lacking in the soundness of the present Medical Practice Act, it may permit the legal recognition of hundreds of practitioners not now eligible to practice as physicians and surgeons in California to, after all, secure licenses. Such a calamity would be a real blow both to public health and also the best interests of medical practice. The importance, therefore, of active interest in this matter by every physician already licensed to practice here cannot be overemphasized, and members of the California Medical Association are urged to keep in close touch with the situation as it develops.

* The California Medical Association Council on September 26 appointed a special committee of five, with Dr. Morton R. Gibbons as chairman, to act on this matter. The committee will be glad to receive suggestions.

AUTOMOBILE ACCIDENTS AND "VEHICLES": SOME FEDERAL AND CALIFORNIA STATISTICS

One of the Leading Causes of Death.—In recent years it has become necessary to include among the leading causes of deaths of human beings the constantly-increasing automobile accidents, and this in spite of organized effort in many parts of the United States through laws and publicity campaigns to bring about a saner use of serviceable, but also dangerous, auto vehicles.

As a consequence of which physicians, who year after year read article after article in the medical press, dealing with improved methods of treatment through which it is hoped that occasionally an extra life might be saved, may well wonder at the seeming indifference by so many persons driving automobiles, to the health and lives of their human fellows.

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The Appalling Federal Figures.—Consider for a moment that in the year 1935 the United States showed a total of 1,285,000 injuries, and 37,000 deaths due to motor accidents. Also, that 105,000 of the nonfatal injuries resulted in permanent disabilities. These summaries are certainly little less than appalling!

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California's Unenviable Record.*—To bring the statistics nearer home, meditate on the mortality from automobile accidents as publicized by the United States Bureau of the Census:

Of the fatal mishaps due to automobiles for the brief four weeks' period ending August 29, 1936, Long Beach had 6 resulting in death; Los Angeles, 36; and both San Diego and San Francisco, 7. For the same period, New York City had 20 deaths; Chicago, 59; and Philadelphia, 20.

For the entire year, ending August 29, 1936, vehicle deaths were:

Los Angeles, 549; Long Beach, 59; San Diego, 58; San Francisco, 56, when, by contrast, New York had 949 deaths; Chicago, 743; and Philadelphia, 254.

While the death rates from automobile accidents per 100,000 population for the same fifty-two weeks were as follows:

Los Angeles, 37.5; Long Beach, 35; San Diego, 34.3; San Francisco, 8.3; New York, 13; Chicago, 19.4; and Philadelphia, 12.8.

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Where Are We Lacking?—Vital statistics such as the above cannot do otherwise than excite both wonderment and sorrow. Somewhere, something is wrong, something lacking. One thing is certain: too many persons drive automobiles who should not be permitted to do so—drunken persons, children, mentally and physically deficient individuals. Adequate automobile licensure laws, also, are evidently lacking. Likewise, the penalizing statutes for improper driving and, perhaps,

* See also current news items on page 372.

more than that, the weakness of certain police and court jurisdictions in handling automobile accident cases.*

In California, San Francisco is to be congratulated on its low death rate of 8.3, in contrast to that of Los Angeles, with 37.5; Long Beach, with 35; and San Diego, 34.3. San Francisco must have something more than its hills (deterrents to reckless drivers because of the primary danger to themselves) to account for its favorable record. In addition, New York, Chicago, and Philadelphia, each presents a rate that justifies self-analysis by the citizens of Los Angeles, Long Beach, and San Diego.

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Have County Medical Societies No Obligation in This?—When will this mutilation and death of human beings, so possibly preventable, be lessened? Is it not within the province of medical men and women, who spend so much of their efforts in preventive medicine along other lines, to take a more active and organized part in betterment efforts toward this grave problem? Would it not be a proper expression of coöperation if every county medical society in the State of California appointed a special committee to work with other civic groups in promoting measures to lessen the number of vehicules in the State of California?

FALL PROGRAM TIME FOR COUNTY SOCIETIES

The Summer Vacation Months Are Behind Us: What Now?—Once again, at the end of the summer vacation months, we take up our county society meetings. How will those of the fall months measure up to those of the winter and spring of the current and previous years? How can interest in the meetings be stimulated, and what means have we at our disposal whereby they may be made still more valuable? What are some of the basic things to keep in mind concerning meetings, and what organization and other problems should receive special attention in the months immediately ahead? These and similar questions come to the minds of alert officers and program committees; the difficulty, however, is not to have perplexing questions such as the above bob up for consideration, but to find the solutions best adapted, in each instance, to local needs and desires.

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The Societies in the Metropolitan Centers.—County societies located in metropolitan centers

* An article in the *Readers Digest* of October, 1936, on "Foolproof Roads," condensed from *Fortune*, contained the following paragraph:

Careful estimates indicate that 15 per cent of the drivers cause nearly 100 per cent of the accidents. Among them are the speed maniacs, the wilfully reckless drivers, the habitually drunken drivers, the psychopaths, the physical defectives, the juvenile irresponsibles, and the automotive morons. The only effective way to handle such menaces is to police them off the highways, and here the states have failed almost completely. Four states impose no restrictions whatever upon the driver. Eight others require only that noncommercial operators shall have attained a certain age, as low as fourteen. Of the remaining thirty-six that make drivers procure licenses, twelve grant them on mere application, and of the twenty-four states that demand driving tests not one imposes a sense-making examination.

naturally have problems quite different from those met with in counties of much lesser population. The larger a society becomes, the less interest do its members display in meetings of the entire unit, and the more do they give their efforts to sections in the specialties. In several respects this is unfortunate; and yet, because of the professional, family, social and other demands on time, and also because of geographical factors, it is not easy for many members to devote even one evening a month for a general county society meeting. For if the papers presented prove of little interest, and if there be no social or fraternal contacts before or after the program, the attending member, after a few such experiences, is apt to decide that he will derive more pleasure and profit by remaining at home with his family, quietly reading the literature always awaiting his attention.

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The Experience of the Los Angeles County Medical Association.—It has been interesting to watch the trends in meeting attendance in the Los Angeles County Medical Association. About twenty-five years ago that society, with a membership of about eight hundred, and only one or two sections in the specialties, had rather large general meetings. But—and the "but" is important—in those days, at the end of every meeting and at the expense of the Society, a generous buffet luncheon was served, members remaining oftentimes almost one hour after the closing program hour of ten. Yet it may be taken for granted that the type of scientific paper presented then was of much the same order as those of today. What, therefore, was the general meeting lure of those days? Among those who attended it is agreed that it was the good fellowship, promoting the formation of new friendships and better understandings, associated with chattings over the coffee, that led several hundred men to come out once or twice a month; whereas now, with a membership of more than two thousand, a considerable lesser attendance is in evidence at the general meetings.

It must be noted that this is not stated in criticism of the present-day organization of that society, which has not only a total of twelve geographical branches, but an additional fourteen sections in the specialties, some with as large, or larger, attendance at their monthly meetings than is to be seen at the general meetings. The reasons are easily understood: physicians are primarily interested in their special work and their local communities, and they naturally find it more easy and profitable to participate in the programs of a specialty section or a geographical branch.

With the highly differentiated set-up in the large Los Angeles County Medical Association of today, in a county covering a geographical domain as large as a New England state, it is not to be wondered at that the old order has passed. The present task in that society is to have every geographical branch and specialty section avail itself of all its opportunities and to make the respective work of each of most value to its members; while